

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8155

State File No. ....

FILED MAR 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>	
c. LENGTH OF STAY (In this place) <u>2 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Adam</u>	b. (Middle) <u>John</u>	c. (Last) <u>Smasal</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 23rd 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 11 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 12 HRS. Days <u>12</u>	IF UNDER 12 HRS. Hours <u>-----</u>	IF UNDER 12 HRS. Min. <u>-----</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintainer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Special Road</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adam Smasal</u>	13b. MOTHER'S MAIDEN NAME <u>Margret Semon</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Smasal</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-30-1656</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lizzie Smasal</u>	ADDRESS <u>Cole Camp Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) - (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-8, 1952, to 3-23, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>Mar 23, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Peters &amp; Paul</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar-25-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Cole Camp Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 16 1958

OCT 16 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. L. Eickhoff.....

Licensed Embalmer No. 730.....

P. O. Address Cole Camp Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.